EVIDENCE FOR CHANGE OF AGE + ADDITION OF FATHER'S NAME IS ON.

FILM No. G 120 MAY 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03961

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's County; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George's County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	H.	Ahrens	April	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	12/27/91	~~58~~ 57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant Owner	Restaurant	Germany	American

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Johan Ahrens	Wife- Margaret L. Ahrens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mr. Karl J. Ahrens (son) Branchville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Myocardial infarction extensive — Interval between onset and death: 27 da.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 31, 1949, to 4-12, 1949, that I last saw the deceased alive on 4-11-, 1949, and that death occurred at 11:15 A m., from the causes and on the date stated above.

SIGNATURE: Hans Wendel (Degree or title) M.D. ADDRESS: 30-B Ridge Rd, Greenbelt, Md DATE SIGNED: 4-12-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 14 1949.	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14 1949	Amanda Downey	F. Gaske Sons	Hyattsville Md

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03962

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY P. G. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 810 Talbot ave

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) (Last) AMERICA

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 10 1909

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Laurel Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel America

14. MOTHER'S MAIDEN NAME: Florence Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Florence America.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

351 Immediate cause (a) Cachexia — 1-2 months

87e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Spastic Paralysis 40 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 March, 1949, to 2 April, 1949, that I last saw the deceased alive on 1 April, 1949, and that death occurred at 8.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas R. Wakefield MD — 322 Prince George St Laurel — 4 Apr '49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 5 1949 — NAME OF CEMETERY OR CREMATORY: Bacon's — LOCATION (City, town, or county) (State): Anne Arundel Co. Md

DATE REC'D BY LOCAL REG. Apr 5 - 1949 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR — ADDRESS: Ridgly Selby 401 Washington Laurel Md.

RECEIVED
APR 7 1949
BUREAU V. S.

item 16: letter
filmed 5-20-49 G120 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03964 245
Reg. Dist. No.

1. PLACE OF DEATH:

County Pr. Georges

City or town Takoma Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, institution, or street address where death occurred: 802 - Larch Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Takoma Park
(If outside city or town limits, write RURAL and give nearest town)

Street No. 802 - Larch Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nellie Bailey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1884

8. AGE: Years 64 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Convalescent Home

FATHER
12. Name William Ross
13. Birthplace Maryland

MOTHER
14. Maiden name Mollie Davis -
15. Birthplace Maryland

16. Informant Olga Nash - Grand-daughter

Address 802 Larch Avenue

ALSO: MRS. ELSIE CLARK same address

17. Reverral (Burial, cremation, or removal. Which?) Date thereof April 8, 1949 (month) (day) (year)

Cemetery or crematory Paynes Cemetery

Location Benning Rd. S.E., Washington, D.C.

16. Funeral director W. Ernest Lawrence Co

Address 1432 - Yon St. NW.

19. 4/8 1949 James Severe T. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1949, at 1.05A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death Hypertensive heart disease

Due to

Due to 443 93d

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John J Maloney M.D. Dep. Med. Exam M. D. or other

Address Cheverly - Hyattsville, Md. Date signed 4-8-49

VS A15 9-45-1

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 11 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03965

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 7 mo., 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 28- Pierce St., N.W.

3. NAME OF DECEASED (Type or Print) (First) KERMIT (Middle) (Last) BENTLEY
4. DATE OF DEATH (Month) April (Day) 9th (Year) 1949

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug. 15, 1905
9. AGE last birthday 43 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Bentley
14. MOTHER'S MAIDEN NAME Mary Jane Capepot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 578-09-1755
17. INFORMANT Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	15 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/13/1948, to 4/9/1949, that I last saw the deceased alive on 4/8/1949, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 4-9-49

23. BURIAL, CREMATION REMOVAL (Specify)
DATE Apr. 9, 1949
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 4/9/49
REGISTRAR'S SIGNATURE Rowland S. Phillips
24. FUNERAL DIRECTOR J. T. Stewart
ADDRESS 30 HNE

RECEIVED
APR 20 1949
BUREAU V. S.

Evidence for addition of #21 shown on:

FILM No. G 1 MAY 25 1949

03966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Md
STREET ADDRESS (If rural, give location) Metgrott Road

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) VIRGINIA (Last) BLADEN

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/18/1888
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos S. Bryant
14. MOTHER'S MAIDEN NAME Emma V Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Andrew Bladen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
904.0 Immediate cause	(a) Pulmonary Embolus	15 min
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured clavicle - left	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Berwyn (COUNTY) PG (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 3/30/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall in home 5/24/49 ams

22. I hereby certify that I attended the deceased from 3-7, 1949, to 4-5, 1949, that I last saw the deceased alive on 4-5, 1949, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE John P. Clum (Degree or title) M.D. ADDRESS Hyattsville Md DATE SIGNED 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 7, 1949
NAME OF CEMETERY OR CREMATORY St Johns Cemetery
LOCATION (City, town, or county) Beltsville Md (State)

DATE REC'D BY LOCAL REG. April 6-1949
REGISTRAR'S SIGNATURE John D Smith
24. FUNERAL DIRECTOR F Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1949
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03967

FILM No. G 120 APR 26 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 6103 Parkway (Inwood St)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Francis (Last) Bobick Sr.

4. DATE OF DEATH (Month) April (Day) 4 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 10 1899
9. AGE last birthday 49 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor Census Bureau
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Bobick
14. MOTHER'S MAIDEN NAME Roseabbie Monast

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James I Bobick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Myocardial infarction	5 days
	Antecedent cause(s)		
94a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	Unknown
		(c) None	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/29, 1949, to 4/4, 1949, that I last saw the deceased alive on 4/4, 1949, and that death occurred at 10 05 pm m., from the causes and on the date stated above.

SIGNATURE Julius Kauffman (Degree or title) M.D. ADDRESS 5102 Annapolis Rd., Bladensburg, Md. DATE SIGNED 4/5/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 7, 1949
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 4/6/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03968

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Greenlawn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 501 Greenlawn Drive

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) R. (Last) Boone
4. DATE OF DEATH (Month) April (Day) 26 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar. 22, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Govt Service
11. BIRTHPLACE (State or foreign country) Pittsburg, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Howard Boone
14. MOTHER'S MAIDEN NAME Lucy Cleis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Mary Boone - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholism

322.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

77C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fatty degeneration of liver, Edema of brain cloudy swelling of kidneys

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J Maloney, M.D. Deputy (Degree or title) Medical Examiner ADDRESS Hyattsville, Md DATE SIGNED 4-27-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Transportation NAME OF CEMETERY OR CREMATORY Colligan Bros Funeral Home LOCATION (City, town, or county) Pittsburg, Pa (State)

DATE REC'D BY LOCAL REG. Apr 28/49 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 30 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03969

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier - LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4528-32nd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier -
STREET ADDRESS (If rural give location) 4528 - 32nd Street

3. NAME OF DECEASED (Type or Print) (First) Florence Otts (Middle) Bozeman (Last)

4. DATE OF DEATH (Month) April (Day) 20 (Year) 1949

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 14, 1898
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sulphur Spring - Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ben Otts
14. MOTHER'S MAIDEN NAME ? Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Florence Marilyn Bozeman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic valvular heart disease

92d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5-35 P m., from the causes and on the date stated above.

SIGNATURE John T. Maloney M.D. (Degree or title) Dep Med. Examiner ADDRESS Cheverly Hyattsville, Md DATE SIGNED 4-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 4/22/49 NAME OF CEMETERY OR CREMATORY Sulphur Springs LOCATION (City, town, or county) (State) Sulphur Springs, Texas

DATE REC'D BY LOCAL REG. April 22, 1949 REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Wm. J. Nalley ADDRESS 3200 - R.I. Ave, Mt Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03970

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges' MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) | LENGTH OF STAY (in this place) 10 mo., 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 429- L. St., N.W.

3. NAME OF DECEASED (Type or Print) (First) GENEVA (Middle) (Last) BROOKS

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1949

5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH Feb. 14, 1927 | 9. AGE last birthday 22 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY – | 11. BIRTHPLACE (State or foreign country) Columbia, S. Carolina | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ernest Brooks | 14. MOTHER'S MAIDEN NAME Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If year, give war or dates of service) | 16. SOCIAL SECURITY No. none | 17. INFORMANT Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis | 18 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/, 1948, to 4/9/, 1949, that I last saw the deceased alive on 4/9/, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 4-9-49

23. BURIAL, CREMATION (REMOVAL) (Specify) | DATE 4/11/49 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REG. 4/11/49 | REGISTRAR'S SIGNATURE Rowland S. Philips | 24. FUNERAL DIRECTOR R N Horton 1322 Jan. street NW Portia Neale | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03971

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY MD. — LENGTH OF STAY (in this place) 1 hr 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER, MD.
STREET ADDRESS (If rural, give location) 4009-35th st.

3. NAME OF DECEASED (Type or Print): (First) LENA (Middle) (Last) CARNEAL

4. DATE OF DEATH: (Month) 4 (Day) 30, (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 5-15-1885

9. AGE last birthday: 63 yrs. — If under 1 year: Months. 11 Days 15 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morgan M. Nalls

14. MOTHER'S MAIDEN NAME: Katherine Frances Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Virgil Corneal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute bilateral Supra renal Hemorrhage — 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pulmonary Congestion

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1949, to April 30, 1949, that I last saw the deceased alive on 4-30-, 1949, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Ronald S. Fleischer — M.D. — 5432 Queens Chapel Rd Hyattsville — 4/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE May 3. 1949 — NAME OF CEMETERY OR ~~CREMATORY~~ Ft. Lincoln — LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 5/3/49 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS F. Gasche sons Hyattsville Md.

RECEIVED
MAY 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03972

Reg. Dist. No. —

1. PLACE OF DEATH COUNTY: Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place): 22 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3215 Juneau Place

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Patterson (Last) Carter
4. DATE OF DEATH: (Month) April (Day) 1st (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Nov. 23. 1902
9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Manager
10b. KIND OF BUSINESS OR INDUSTRY: Home Improvement
11. BIRTHPLACE (State or foreign country): Robert Lee Texas
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry Taylor Carter
14. MOTHER'S MAIDEN NAME: Dove Wiley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 135-09-5808
17. INFORMANT: Dr. J.K. Coggins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure

322.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

772 (c) Alcoholism

INTERVAL BETWEEN ONSET AND DEATH: Gradual onset of myocardial impairment over years of alcoholism.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar. 31, 1949, to April 1, 1949, that I last saw the deceased alive on April 1, 1949, and that death occurred at 7.13 p m., from the causes and on the date stated above.

SIGNATURE: Jesse C Coggins (Degree or title) M.D. ADDRESS: Laurel Md DATE SIGNED: 4/1/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 4/4/49
NAME OF CEMETERY OR CREMATORY: Meadowridge
LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: 4/4/49
REGISTRAR'S SIGNATURE: ✓
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03973

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) | LENGTH OF STAY (in this place): 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2524 - 17th St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) RALPH (Middle) H (Last) CLARK
4. DATE OF DEATH: (Month) April (Day) 14th (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 14, 1905	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Technical Editor	-	Woodsville, N. H.	U.S.A.

13. FATHER'S NAME: George H. Clark
14. MOTHER'S MAIDEN NAME: Ruth Avery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	-	-	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous meningitis — 7 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary tuberculosis — 3 months

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-14, 1949, to 4-14, 1949, that I last saw the deceased alive on 4-14, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: April 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4-15-1949		Plymouth, - N. H.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/15/49	Rowland S. Phillips	Joseph Gawler's Sons / Nichols Funeral Home	1756 Va. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03974

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md. | LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Maryland
STREET ADDRESS (If rural, give location) Colesville Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Competillo		April	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	single	Sept 27, 1856	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Competillo
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Mr. Weldon N. Rawley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic Myocarditis	Several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	Several years
(c)	Senility	Several years

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January, 19 49, to April 4, 1949, that I last saw the deceased alive on April 1, 19 49, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Allen Griffith	M.D.	Berwyn Md	4/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 6, 1949	Evergreen	Bladensburg Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6 1949	James Berry	F. Gasch's Sons	Hyattsville Md.

RECEIVED
APR 7 1949
BUREAU T. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03975

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham — LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Orator (Middle) Fuller (Last) Cook

4. DATE OF DEATH: (Month) Apr. (Day) 23 (Year) 1949

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 5-28-1867 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): New York State — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orton F. Cook — 14. MOTHER'S MAIDEN NAME: Elvira Hooblay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Robert Cook. Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Cardio-vascular renal disease

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left inguinal hernia —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Examiner — Cheverly-Hyattsville, 4-23-49

23. BURIAL, CREMATION REMOVAL (Specify) transportation — DATE THEREOF 4/27/49 — NAME OF CEMETERY OR CREMATORY Huntington Rural — LOCATION (City, town, or county) Hunington, New York (State)

DATE REC'D BY LOCAL REGISTRAR Apr 25 1949 — REGISTRAR'S SIGNATURE Mrs Jack Bennette.

24. FUNERAL DIRECTOR — ADDRESS F. Gasch's Sons Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03976 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (In this place): 5 mo., 17 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2917- 10th St., N.E. ✓

3. NAME OF DECEASED (Type or Print): (First) J. ARTHUR (Middle) (Last) CUMBER

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 49

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 19, 1884

9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pullman porter

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Henry Cumber

14. MOTHER'S MAIDEN NAME: Julia Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 709-12-4561

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) pulmonary Tuberculosis — Interval Between Onset and Death: 12 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1948, to 4/1, 1949, that I last saw the deceased alive on 3/31, 1949, and that death occurred at 5 45 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Sanatorium 4-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/1/49 — NAME OF CEMETERY OR CREMATORY: Lincoln Memorial Cem. — LOCATION (City, town, or county) (State): Prince Georges Co., Md.

DATE REC'D BY LOCAL REG. 4/1/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Frazier-Funeral Home — ADDRESS: 389-D Ave NW

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03977

CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Pr. George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Lee (Last) Early

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/10/76

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Enoch Marshall Lewis

14. MOTHER'S MAIDEN NAME: Emily Rebecca Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Charles S. Early Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Edema	6 months
	(c) Arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Auricular Fibrillation	2 yrs

332
83 b

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Apr 23, 1949, that I last saw the deceased alive on Apr 22, 1949, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Tassica M.D. - Upper Marlboro - Md

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE: 4-26-49

NAME OF CEMETERY OR CREMATORY: St Paul

LOCATION (City, town, or county) (State): Baden Md

DATE REC'D BY LOCAL REG.: 4-25-49

REGISTRAR'S SIGNATURE: M L Mowell

F. H. Dillingsley

24. FUNERAL DIRECTOR ADDRESS: Hamlett & Ryon Waldorf

RECEIVED
APR 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03978

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coral Hills
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5307 - P Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Coral Hills
STREET ADDRESS (If rural give location) 5307 - P Street

3. NAME OF DECEASED (Type or Print): (First) Douglas (Middle) Clayton (Last) Edwards

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: July 10, 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U. S. A

13. FATHER'S NAME: Clay B. Edwards

14. MOTHER'S MAIDEN NAME: Rosa Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Julius T. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Acute Congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that~~ death occurred at 5 L.S A m., from the causes and on the date stated above.

SIGNATURE: James J. Boyd (Degree or title) Deputy Medical Examiner ADDRESS Westville Md. DATE SIGNED 4-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 4/26/49 | NAME OF CEMETERY OR CREMATORY: Lemon | LOCATION (City, town, or county): Rockville (State): Mont Md

DATE REC'D BY LOCAL REG. Apr 23-1949 | REGISTRAR'S SIGNATURE: Carrie F. Campfield

24. FUNERAL DIRECTOR: W W Chambers Co ADDRESS 517-11th St. NE

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03979

Reg. Dist. No. 245

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Prince georges

City or town: Hy Attsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred: 3800 Jefferson st.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3800 Jefferson st.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Julia Lee Estler

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband ~~or wife~~ Ferdinand Estler

6.(c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) August 20th 1869

8. AGE: Years	Months	Days	If less than one day
79			hrs. min.

9. Birthplace: Fairfax, Va. (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER — 12. Name: John Daniel Newman

13. Birthplace: Fairfax, Va

MOTHER — 14. Maiden name: Annie Eliza Steel

15. Birthplace: Fairfax, Va

16. Informant: Annie May Newman

Address: 3800 Jefferson st. Hyattsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 3, 1949 (month) (day) (year)

Cemetery or crematory: Rock Creek

Location: Washington D C

18. Funeral director: Deal Funeral Home

Address: 4812 Ga Ave N W

19. April 30 1949 (Date rec'd by registrar) James Seary Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30th 1949, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27th 1949, to April 30 1949

and that I last saw h~~er~~ alive on April 30th 1949

Immediate cause of death	DURATION
Cardiac Decompensation	2 days
Due to: Arteriosclerosis	yrs.
4500	
Due to: 950	
Other conditions: Lt. sided hemiplegia	2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations: -

Date of op.

Autopsy results: -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: - Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ronald S. Fleming M. D. or other

Address: 5432 Queensbury Rd. Hyattsville Date signed: 4/30/49

RECEIVED
MAY 3 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03980

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Maryland Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred: 22 Maryland ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Prince George

City or town: Maryland Park (If outside city or town limits, write RURAL and give nearest town)

Street No. 22 Maryland ave (If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3. (a) FULL NAME Joseph Ernest Eversfield

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Estella Barrett

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 15, 1892

8. AGE: Years: 56 Months: 5 Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Washington D C (Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business: Retired

FATHER

12. Name: Bowie S Eversfield

13. Birthplace: unknown

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown

16. Informant: Mabel E Heinecke

Address: 31 Gallatin St N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 5 - 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Road

18. Funeral director: W W Chambers Co

Address: 5 17 11 St S E

19. Apr 3 - 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 2 1949 at 11 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1949 to Apr 2 1949 and that I last saw him alive on April 2 1949

Immediate cause of death: Acute Congestive Heart Failure

Due to: Cardiovascular renal disease (with marked Hypertension)

Due to:

Other conditions: none

442

131 a

(Include pregnancy within 3 months of death)

DURATION: 2 days unknown

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: no Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul C Van Natta M. D.

Address: Washington 19 DC Date signed: Apr 3 1949

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1949
BUREAU V. S.

EVIDENCE FOR CORRECTION OF #2, 8, 9 + 10a + ADDITION OF INFORMATION IN ITEM #12 ISON.

FILM No. G 120 JUN - 9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03963

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chapel Maryland
LENGTH OF STAY (in this place): 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George County

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: ~~Md~~ WASH. D.C. — COUNTY: ~~Prince~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Laurel~~ Laurel
STREET ADDRESS (If rural, give location): 1449 ~~Street~~ N.W. ~~Laurel Sanitarium~~ Irving Place

3. NAME OF DECEASED (Type or Print): (First) Fanti, (Middle) Dr. (Last) Aristide

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 10-10-1868 ~~1869~~

9. AGE last birthday: 80 ~~76~~ yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Scientific~~ Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Bureau Mines

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lorenzo Fanti

14. MOTHER'S MAIDEN NAME: Gesinfonte Orlandi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Genevieve F Ryan 2410 ~~20th~~ 20th St N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocarditis	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute intestinal obstruction	2 days
	(c)	

570.5
122.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1949, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A McGowan — ADDRESS: 402 Main St Laurel Md — DATE SIGNED: 4/5/49

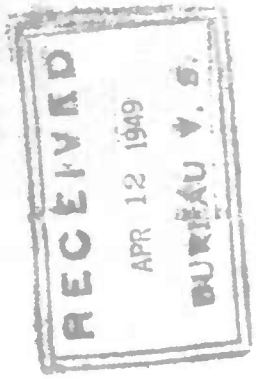
23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 4-8-49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Wash D.C.

DATE REC'D BY LOCAL REG.: April 7, 1949 | REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR — ADDRESS: Joseph Gawler's Sons, 1756 Pa. Ave. N.W. Wash. D.C.

#169

RECEIVED
APR 12 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03981

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 325 Prince George Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Howard (Last) Fetty

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH March 25 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) real estate & insurance agent
10b. KIND OF BUSINESS OR INDUSTRY real estate and insurance
11. BIRTHPLACE (State or foreign country) Medicine Lodge Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George E. Fetty
14. MOTHER'S MAIDEN NAME Vandilla Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Howard J. Fetty - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	1 hour
94a	Antecedent cause(s)	(b) Obesity	30 yrs
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	10 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1937, to Apr 16, 1949, that I last saw the deceased alive on Apr 16, 1949, and that death occurred at 1 05 A m., from the causes and on the date stated above.

SIGNATURE J M Warren (Degree or title) M.D. ADDRESS Laurel Md DATE SIGNED 4/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 19 1949
NAME OF CEMETERY OR CREMATORY Farmington Cemetery
LOCATION (City, town, or county) (State) Farmington, W. Virginia

DATE REC'D BY LOCAL REG. Apr 18-49
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 120 APR 22 1949

03982

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 66 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General	STREET ADDRESS (If rural, give location) Alms House

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) E	(Last) Fowler	4. DATE OF DEATH	(Month) April	(Day) 14	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Apr 30, 1865	9. AGE last birthday ~~84~~ 83 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolism

450.1 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerotic Gangrene of left leg

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/22/49	19b. MAJOR FINDINGS OF OPERATION Arterio - sclerotic Gangrene	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1949, to 4/14, 1949, that I last saw the deceased alive on 4-14-, 1949, and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE Jane Schwartzbach, MD (Degree or title) ADDRESS 1726 Eye St N.W. DATE SIGNED 4/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 16	NAME OF CEMETERY OR CREMATORY Washington National	LOCATION (City, town, or county) Suitland (State) Mdx
DATE REC'D BY LOCAL REG. 4/15/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR W. W. Chambers Co.	ADDRESS 517-11th St. S.E. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
APR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03983

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale, Md. (Rural)
LENGTH OF STAY (in this place): 1 yr., 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 827 - 4th St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) Rollins (Middle) A. (Last) Giles -

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1908

9. AGE last birthday: 40 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice catcher-Uline ice plant.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bowie, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Giles

14. MOTHER'S MAIDEN NAME: Mary Alice Coffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-03-8489

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 2 yrs.

002
13

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1947, to 4/28, 1949, that I last saw the deceased alive on 4/28, 1949, and that death occurred at 9:22 A m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: April 28, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Bowie, Md.

DATE: 5/1/49

NAME OF CEMETERY OR CREMATORY: Dawson Church

LOCATION (City, town, or county) (State): Bowie, Md.

DATE REC'D BY LOCAL REG.: 4/28/49

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Marion Gladney Sons

ADDRESS: Bowie, Md.

RECEIVED
MAY 5 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03984

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie, Md
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Bedford.
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Clarke (Middle) (Last) Green
4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 12, 1879
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groom
10b. KIND OF BUSINESS OR INDUSTRY: Horses
11. BIRTHPLACE (State or foreign country): New Bedford, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clark Green
14. MOTHER'S MAIDEN NAME: M. Lain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Carl Fitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 / 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c) Cardio-vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Md. Examiner Chwerly-Hyattsville, Md 4-8-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: Apr 11, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): South Weymouth, Mass.

DATE REC'D BY LOCAL REGR.: April 9, 1949
REGISTRAR'S SIGNATURE: Mrs. Agnes Gingling
24. FUNERAL DIRECTOR ADDRESS: J. Arthur Walters 505 Wash. Blvd. Laurel, Md.

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03985

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside | LENGTH OF STAY (in this place) 10 years | HOSPITAL OR INSTITUTION OR STREET ADDRESS 6102 - N Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince Georges | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside | STREET ADDRESS (If rural give location) 6102 - N Street

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Frances (Last) Haller

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 29, 1900

9. AGE last birthday: 48 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Phillip M. Hayden

14. MOTHER'S MAIDEN NAME: Ida Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ernest R. Haller Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Acute Congestive heart failure

1312 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19.....,~~ and ~~that~~ death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Boyd Deputy Medical Ex Forestville Md 4-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE April 16-1949 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland, Pr. Geo. | (State) Md.

DATE REC'D BY LOCAL REG. April 14-1949 | REGISTRAR'S SIGNATURE Howard J Beach | 24. FUNERAL DIRECTOR Curtis E. Simms Jr. | ADDRESS 3007 Nichols Ave S.E.

VS. A15

Li.2708

RECEIVED
APR 21 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03986

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY: C-G. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MD. COUNTY: C-G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MITCHELVILLE — LENGTH OF STAY (in this place): 30 YRS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MITCHELVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) C	(Last) HANDY	4. DATE OF DEATH	(Month) 4 (Day) 15 (Year) 1949
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE	8. DATE OF BIRTH: OCT. 13, 1884	9. AGE last birthday: 64 yrs.	If under 1 year: Months 6, Days 2; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERICAL	10b. KIND OF BUSINESS OR INDUSTRY: FEEDS	11. BIRTHPLACE (State or foreign country): BALTO, MD.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: LITTLETON DENNIS HANDY	14. MOTHER'S MAIDEN NAME: MARY ELLEN MATHEWS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): W.W. I	16. SOCIAL SECURITY No.	17. INFORMANT: WILLIAM L. HANDY			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	20 days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 yrs

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar 28, 1949, to April 15, 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE: James G. Sasscer (Degree or title) ADDRESS: M.D. Upper Marlboro-Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 4-18-49	NAME OF CEMETERY OR CREMATORY: LOUDON PARK	LOCATION (City, town, or county): ~~MD.~~ BALTO. (State): MD.
DATE REC'D BY LOCAL REG.: 4/18/49	REGISTRAR'S SIGNATURE: A. W. Hedrich	24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO.	ADDRESS: 4905 YORK RD. BALTO. 12, MD

JB

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03987

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, Md. (Rural); LENGTH OF STAY (in this place) 2yrs., 6mos., 15 das.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) 1623 C. St. S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) MATILDA (Middle) (Last) HAWKINS

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 17, 1918

9. AGE last birthday: 31 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Walter Pitts

14. MOTHER'S MAIDEN NAME: Annie Coplane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	7 yrs. 8 mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 1946, to 4/27, 1949, that I last saw the deceased alive on 4/27, 1949, and that death occurred at 12.45 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Lunicane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: April 27, 1949

23. [redacted] REMOVAL (Specify) DATE: 28 APRIL 1949 NAME OF CEMETERY OR CREMATORY: UNKNOWN LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 4/28/49 REGISTRAR'S SIGNATURE: Rowland S. Phillips 24. FUNERAL DIRECTOR: Robert G. McGuire ADDRESS: 1620 9th St. N.W

VS. A15

RECEIVED
MAY 5 1949
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03988

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights — LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1003-62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural give location) 1003-62nd Place

3. NAME OF DECEASED (Type or Print): (First) Clarence Edw- (Middle) Henderson (Last)

4. DATE OF DEATH: (Month) Apr (Day) 13 (Year) 1949

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH July 2-1891 Washington DC | 9. AGE last birthday 57 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington DC | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Amy Luanda Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Clarence -Edw- Henderson, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Cardio-vascular renal disease

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epileptic

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Examiner Cheverly-Hyattsville, Md 4-13-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Apr. 16-1949 | NAME OF CEMETERY OR CREMATORY Harmony Cemetery | LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. Apr. 13-49 | REGISTRAR'S SIGNATURE Carrie F. Campbell. | 24. FUNERAL DIRECTOR | ADDRESS Henry S. Washington & Sons - 467-N ST NW

RECEIVED
APR 19 1949
BUREAU V. S.

03989

Hockaday

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 242

1 PLACE OF DEATH

County Prince George's

Village or City Bradbury Heights (No.) 5706 U. St. & E. St.: Ward) (If death occurred in a hospital or institution, give its NAME Instead of street and number.)

2 FULL NAME Walter B. Hockaday

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word)
Male	White	Emma

6 DATE OF BIRTH: July (Month) 1st (Day), 1865 (Year)

7 AGE: 83 yrs. ..... moa. ..... ds. | If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: None
(b) General nature of industry business, or establishment in which employed or (employer):

9 BIRTHPLACE (State or country): N. C.

PARENTS

10 NAME OF FATHER: William Hockaday

11 BIRTHPLACE OF FATHER (State or country): N C

12 MAIDEN NAME OF MOTHER: Elizabeth Garner

13 BIRTHPLACE OF MOTHER (State or Country): N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bertha E. Collier Daughter

(Address) 5706 U St SE. Bradbury Hts

15 Filed Apr. 21 - 1949 Edward F. Colins Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 20 (Day), 1949 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Feb. 18 1945 to April 20, 1949, that I last saw him alive on Apr 20, 1949, and that death occurred on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH * was as follows:

Cerebral accident
arteriosclerosis

331

(Duration) ..... yrs. ..... mos. 6 ds.

Contributory / Secondary: Congestive failure

(Duration) ..... yrs. ..... mos. 3 ds.

(Signed) Jerry G. Fidler M. D.

April 20 1949 (Address) 1252 6th St NW

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Hill — DATE OF BURIAL: 4-23, 1949

20 UNDERTAKER: Robert A Mattingly — ADDRESS: 131-11 Wash. DC

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 1

RECEIVED
APR 28 1949
BUREAU V. S.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

03990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown Md — LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pro Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Queenstown Md
STREET ADDRESS (If rural, give location): 3308 Buchanan st

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Williams (Last) Hoyt

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Apr 19, 1863
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Williams
14. MOTHER'S MAIDEN NAME: Mary Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Julia Hull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemmorrhage	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	6 years
	(c) generalized arteriosclerosis	16 years

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1947, to April 13, 1949, that I last saw the deceased alive on April 11, 1949, and that death occurred at 6 45 p. m., from the causes and on the date stated above.

SIGNATURE: Hans Wordala (Degree or title) M. D. — ADDRESS: 30-B Bridge Rd Greenbelt, Md — DATE SIGNED: 4-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: April 15, 49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: April 15, 1949 — REGISTRAR'S SIGNATURE: James Sercey — 24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 16 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03991

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 1 mo., 17 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 720 - G. St. N. E. ✓

3. NAME OF DECEASED (Type or Print)	(First) PORTER	(Middle) G	(Last) HURT	4. DATE OF DEATH	(Month) April (Day) 17, (Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH February 28, 1891	9. AGE last birthday 58 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY –	11. BIRTHPLACE (State or foreign country) Bedford, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Rufus Hurt	14. MOTHER'S MAIDEN NAME Mary Lewis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If year, give war or dates of service)	16. SOCIAL SECURITY NO. –	17. INFORMANT Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis. — 3½ months

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1949, to 4-17-, 1949, that I last saw the deceased alive on 4-17-, 1949, and that death occurred at 2 45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	April 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify) to Wash. D.C.	DATE 4/18/49	NAME OF CEMETERY OR CREMATORY –	LOCATION (City, town, or county) Bedford. – (State) Va.
DATE REC'D BY LOCAL REG. 4/18/49	REGISTRAR'S SIGNATURE Rowland S. Philips	24. FUNERAL DIRECTOR John T. Rhines & Co	ADDRESS 901-~~Eyst~~ Sec 3rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Evidence for addition in #18-part 1 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03992

FILM No. G 120 MAY 26 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverham
STREET ADDRESS (If rural, give location): — 41 0/A

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Robert Edward (Last) Hutchison

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	child	July 22 '48	8 mos yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hutchison
14. MOTHER'S MAIDEN NAME: Sara Kidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father - chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.1 **Immediate cause** (a) Meningitis, pneumococcic [5/26/49 adm] — Interval between onset and death: 3 days

Antecedent cause(s)

812.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 10 days - post measles

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Mar, 1949, to 1 Apr, 1949, that I last saw the deceased alive on 31 Mar, 1949, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Lanier	MD	Upper Marlboro, Md	1 Apr 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 4, 1949	Mt. Carmel	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG. April 1 1949 — REGISTRAR'S SIGNATURE: Robert Smith

24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03993

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince George

City or town: Clinton, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Pr. Geo.

City or town: Clinton, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Jeanette White Jenkins

3.(b) Social Security Number —

4. Sex: fem

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: John C. Jenkins

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb. 27th 1867

8. AGE: Years 82 | Months 1 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: at house

FATHER

12. Name: Thomas Osborn White

13. Birthplace: Montgomery Co., Md.

MOTHER

14. Maiden name: Elizabeth Cator

15. Birthplace: Maryland

16. Informant: Mrs Frank Dent

Address: Clinton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 23-1949 (month) (day) (year)

Cemetery or crematory: St Johns

Location: Clinton Maryland

18. Funeral director: Arthur E. Simmons Jr

Address: 2007 - Nicholson Ave SE

19. April 21 1949 (Date rec'd by registrar) Howard J. Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 20 1949 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1949 to Apr 20 1949 and that I last saw her alive on Apr 19 1949

Immediate cause of death: acute coronary occlusion — DURATION: 9 days

Due to: General Arteriosclerosis — unknown

Due to: — 420.1 94a

Other conditions: Chr Bronchitis — unknown

non specific. (Include pregnancy within 3 months of death)

Major findings of operations: — none —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Natural Causes

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Washington 19 DC Date signed: Apr 20 1949.

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03994

CERTIFICATE OF DEATH

Reg. Dist. No. 2 30

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) M (Last) JONES

4. DATE OF DEATH: (Month) Apr (Day) 11 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Unknown (Est. 1897)

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boston, Mass

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MacRoye

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Frances M. Reed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by drowning

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

975
164 lb

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Suicide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Beltsville (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 11, 1949 ? m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Suicide in bath tub!

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Examiner Church - Hyattsville, Md 4-25-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 4/27/1949
NAME OF CEMETERY OR CREMATORY: Jones Family Cemetery
LOCATION (City, town, or county) (State): Callahan, Florida

DATE REC'D BY LOCAL REG.: April 27, 1949
REGISTRAR'S SIGNATURE: James Berry
F.D. Smith

24. FUNERAL DIRECTOR: W.W. Chambers Company, ADDRESS: Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03995

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md — LENGTH OF STAY (in this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4800 Somerset Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale.
STREET ADDRESS (If rural give location): 4800 Somerset Road.

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) (Last) Jones

4. DATE OF DEATH: (Month) Apr (Day) 7 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: May 5, 1886 — 9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Wales — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Jones — 14. MOTHER'S MAIDEN NAME: Louise Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: David D. Jones - Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular renal disease

442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney, M.D., Dep. Med. Examiner — Cheverly-Hyattsville Md — 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 9, 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: April 9, 1949 — REGISTRAR'S SIGNATURE: James Devery — 24. FUNERAL DIRECTOR — ADDRESS: F Gaske sons Hyattsville Md

VS. A15

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APR 9 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03996

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ✓ COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural give location) 2618-13th St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Elwood (Middle) Courtney (Last) Kidwell
4. DATE OF DEATH (Month) April (Day) 20 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 6, 1907
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master
10b. KIND OF BUSINESS OR INDUSTRY R.R.
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Courtney Kidwell
14. MOTHER'S MAIDEN NAME Ida Pearl Connor.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 577-03-6510
17. INFORMANT Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Thrombosis

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of ribs & vertebrae
170 C Laceration of Left Kidney
(c) Accidentally thrown from motor vehicle

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-19-49
19b. MAJOR FINDINGS OF OPERATION Mesenteric hemorrhage -- Laceration of descending colon
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Landover Road (CITY OR TOWN) (COUNTY) Pr. Georges, Md. (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4-18-49 3.18 p.m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Thrown from cab of motor truck.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.15 P.m., from the causes and on the date stated above.

SIGNATURE John T. Maloney, M.D. Dep. Med. Examiner (Degree or title) ADDRESS Cheverly, Hyattsville, Md DATE SIGNED 4-21-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 23 April 1949 NAME OF CEMETERY OR CREMATORY Washington National Cemetery LOCATION (City, town, or county) Suitland, Maryland (State)

DATE REC'D BY LOCAL REG. Apr 21/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS

RECEIVED
APR 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03997

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piscataway
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 224

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) St. Elizabeths Hospital

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) King

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 3, 1869

9. AGE last birthday: 79 yrs.

If under 1 year: Months | Days

If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate of mental hosp.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

8125 **Immediate cause** (a) Crushed skull and chest; hemorrhage

1700 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and shock

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Place of death | (CITY OR TOWN) | (COUNTY) PG. | (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 4/30/49 1:15A | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Stepped in front of an automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd | (Degree or title) M. D. | ADDRESS Forestville, Md. | DATE SIGNED 4/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Birial | DATE THEREOF 4 May 1949 | NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | LOCATION (City, town, or county) Bladensburg | (State) MD.

DATE REC'D BY LOCAL REG. 5/4/49 | REGISTRAR'S SIGNATURE Amanda Downs Mrs. Alton Davis | 24. FUNERAL DIRECTOR F. Gasch & Sons | ADDRESS Hyattsville, MD.

VS. A15A

RECEIVED
MAY 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03998

CERTIFICATE OF DEATH

Pr. George County

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Riverdale. Leland Memorial Hospital MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale. LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colmar Manor
STREET ADDRESS (If rural, give location) 3418 40th Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Francis Anthony Labarbera.

4. DATE OF DEATH (Month) 4 (Day) 10 (Year) 1949

5. SEX M

6. COLOR OR RACE White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 8-17-40

9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Student

11. BIRTHPLACE (State or foreign country) Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Peter Fredrick LaBarbera.

14. MOTHER'S MAIDEN NAME Rachel Owden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Bronchial Pneumonia - 1 day

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 10, 1949, to ....., 19....., that I last saw the deceased alive on Apr 10, 1949, and that death occurred at 1 35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. W. Malin MD ADDRESS Riverdale, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF April 13, 1949 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. April 12, 1949 REGISTRAR'S SIGNATURE James Sercz

24. FUNERAL DIRECTOR F. Tosch's sons - Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03999

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 10 mo., 11 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 915- 20th, N.W.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) E (Last) LAKEMAN

4. DATE OF DEATH: (Month) Apr. (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 12, 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Ipwitch, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Howard Lakeman

14. MOTHER'S MAIDEN NAME: Frances Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: 11 months

13b **Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1949, to 4/15, 1949, that I last saw the deceased alive on 4/15, 1949, and that death occurred at 6^40 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel J. Finucane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 4-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: April 18, 1949 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory — LOCATION (City, town, or county) (State): Bladensburg Rd. Md.

DATE RECD BY LOCAL REG.: 4/15/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04000

Reg. Dist. No. 243

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

T

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 1 yr. 4 mo., 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium/

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D.C.; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 611- L. St., N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JULIUS	CEASAR	LONDON	APRIL	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	Negro	married	7-25-1900	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Restaurant worker	-	Wilmington Co., N.Carolina	U.S.A.

13. FATHER'S NAME: Emmanuel London

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	?	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 1 yr. 6 mo.

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 25, 1948, to April 5, 1949, that I last saw the deceased alive on April 5, 1949, and that death occurred at 5 00 A. m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 4-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Howard	4/5/49		

DATE REC'D BY LOCAL REG. 4/5/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: Frazier Funeral Home | ADDRESS: 384-R St

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04001 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location) 9th & Maple

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Mathis
4. DATE OF DEATH: (Month) Apr (Day) 11 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 5, 1911
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James L. Wilks
14. MOTHER'S MAIDEN NAME: Sally ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Oliver Bennette Mathis - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

452 **Immediate cause** (a) Subarachnoid hemorrhage

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of aneurism of Circle of Willis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2.50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney, M.D. Deputy Medical Examiner — Cheverly, Hyattsville, Md — 4-11-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation — DATE THEREOF Apr 13, 1949 — NAME OF CEMETERY OR CREMATORY Atmore Cemetery — LOCATION (City, town, or county) Atmore Alabama (State)

DATE REC'D BY LOCAL REG. April 12, 1949 — REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR — ADDRESS F. Gracks sons Hyattsville Md.

RECEIVED
APR 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04002

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 10 mo., 24 da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 320- 8'th St., N.W.

3. NAME OF DECEASED (Type or Print)	(First) HELENE	(Middle)	(Last) McCOY	4. DATE OF DEATH	(Month) April (Day) 26th (Year) 1949
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug.23,1907	9. AGE last birthday: 41 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel desk clerk	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Dist.of Columbia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: John W. McCoy	14. MOTHER'S MAIDEN NAME: Mary E. Barnes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: ?	17. INFORMANT: Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 16 mos

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1948, to 4/26, 1949, that I last saw the deceased alive on 4/26, 1949, and that death occurred at 6 40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pivicane	M.D.	Glenn Dale Sanatorium	4/27/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 4/27/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): to Washington, D.C.
DATE REC'D BY LOCAL REG.: 4/27/49	REGISTRAR'S SIGNATURE: Rowland S. Phillips	24. FUNERAL DIRECTOR: Malmart & Schey Inc.	ADDRESS: 424 R. St. N.W. city

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

04003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4217-32nd. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. RAINIER
STREET ADDRESS (If rural give location) 4217-32ND. STREET

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) J. (Last) McNAMARA
4. DATE OF DEATH (Month) APR. (Day) 15 (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH AUG. 3, 1885
9. AGE last birthday ~~Aug 3~~ 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN McNAMARA
14. MOTHER'S MAIDEN NAME MARY K. BUTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO. 578-09-9305
17. INFORMANT ROSE C. McNAMARA (WIFE)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 Immediate cause (a) Arteriosclerotic Heart Disease c̄ Failure — 6 mo.

92b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Insufficiency — 20 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-4, 1948, to 4-15, 1949, that I last saw the deceased alive on 4-14, 1949, and that death occurred at 6:23 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 3303 Perry St Mt. Rainier Md. 4-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) BUIRIAL
DATE THEREOF 4-19-49
NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY
LOCATION (City, town, or county) (State) BROOKLYN, N. Y.
DATE REC'D BY LOCAL REG. 4/15/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 3821-14th. St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

4401 Baltimore

WW2869

RECEIVED
APR 16 1949
BUREAU V. S.

04004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
LENGTH OF STAY (In this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4810 Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 4810 Central Ave

3. NAME OF DECEASED (Type or Print) (First) ANDREA (Middle) — (Last) MESSINEO

4. DATE OF DEATH (Month) April (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH January ? 1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair
11. BIRTHPLACE (State or foreign country) Termini, Sicily, Italy
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME ? ?
14. MOTHER'S MAIDEN NAME ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Andrea Messineo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion (Thrombosis) — INTERVAL BETWEEN ONSET AND DEATH 24 hours

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1949, to April 8, 1949, that I last saw the deceased alive on April 8, 1949, and that death occurred at 3 30 A.m., from the causes and on the date stated above.

SIGNATURE William Brainin (Degree or title) MD ADDRESS 6124 Central Ave, Capitol Hgts Md DATE SIGNED 4/9/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/13/49
NAME OF CEMETERY OR CREMATORY Nash Natl
LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. April 10, 1949
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR J. H. Chambers Co. ADDRESS 517-11 St S.E.

Coroner notified & permission to sign certificate given W Brainin MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04005

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 3 2/12 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 5710 Tennyson St.

3. NAME OF DECEASED (Type or Print): (First) Blanche (Middle) MABLE (Last) Middleton

4. DATE OF DEATH: (Month) 4 (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 15 1875

9. AGE last birthday: 73 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William DeMotte

14. MOTHER'S MAIDEN NAME: Georgiana Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Eunice A. Long (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis, Right	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Hypostatic Pneumonia	5 days
	(c) Generalized Arterio-sclerosis & Hypertension	8 years.

332
332b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1941, to Apr 19, 1949, that I last saw the deceased alive on Apr 19, 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles C. Hageage M.D. — Mt. Rainier, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 22/1949 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince Georges City, Maryland

DATE RECD BY LOCAL REG.: April 20/49 | REGISTRAR'S SIGNATURE: Amanda Downay | 24. FUNERAL DIRECTOR: W. W. Chamlen Co — Riverdale Md | ADDRESS

RECEIVED
APR 22 1949
BUREAU V. S.

04006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County Prince George's

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George's

City or town Washington 20, D.C. (If outside city or town limits, write RURAL and give nearest town)

Street No. 5501 Branch Ave., S.E. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Ellis Overton Middleton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of ~~husband or~~ wife Florence Middleton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1887

8. AGE:

Years	Months	Days	If less than one day
62	2	20	..... hrs. ..... min.

9. Birthplace Camp Springs Maryland (Town, county, and state)

10. Usual occupation Guard pr Gov Co Jail

11. Industry or business

FATHER

12. Name T. B. Middleton

13. Birthplace Camp Springs Md

MOTHER

14. Maiden name Amanda R. Pyles

15. Birthplace Camp Springs Md

16. Informant Florence Middleton

Address 5501 - Branch. ave S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25-1949 (month) (day) (year)

Cemetery or crematory St Barnabas Cemetery.

Location Oxon Hill, Maryland

18. Funeral director Arthur E. Simmons Jr.

Address 2007 - Nichols ave. S.E.

19. April 24 1949 (Date rec'd by registrar) Howard I Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1949 at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 14 1947 to April 22 1949 and that I last saw him alive on April 20 1949

	DURATION
Immediate cause of death Acute coronary acclusion	30 min
Due to Chronic Myocarditis	2 yrs
Due to General Arteriosclerosis	unknown
Other conditions Chronic Hepatitis with Edema	6 mo

(Include pregnancy within 3 months of death)

420.1

Major findings of operations none

124 b Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Natl Causes

Accident, suicide, or homicide no Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE Paul C Van Natta M. D. ~~or other~~

Address Washington 19, D.C. Date signed 4-22-49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04007

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George county Riverdale, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Maryland
LENGTH OF STAY (in this place) 2 days 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 4403 Sheridan St. COUNTY University Park Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park Md. P.G.
STREET ADDRESS (If rural give location) 4403 Sheridan St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Harrison (Last) Miles

4. DATE OF DEATH (Month) April (Day) 8, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan. 16, 1860
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired rancher
10b. KIND OF BUSINESS OR INDUSTRY Rancher
11. BIRTHPLACE (State or foreign country) Galesburg, Ill.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Clay Miles
14. MOTHER'S MAIDEN NAME Alma Jane Denore Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. A. E. Zucker - (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 3 Mo.

420.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Dis. 5 yr.

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis undetermined

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1944, to Apr 8, 1949, that I last saw the deceased alive on Apr 7, 1949, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD ADDRESS DATE SIGNED Apr 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE 4-9-49
NAME OF CEMETERY OR CREMATORY Bushnell Cemetery
LOCATION (City, town, or county) Bushnell Illinois (State)

DATE REC'D BY LOCAL REG. April 9, 1949
REGISTRAR'S SIGNATURE James Severe
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04008

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Brentwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant, give residence of mother)
State: Maryland County: Prince Georges
City or town: Brentwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4507 - 38th St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Marie Mitchler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Eugene Mitchler
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 27. 1873

8. AGE: Years: 75 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Tech
13. Birthplace: Germany

MOTHER
14. Maiden name: Allen
15. Birthplace: Germany

16. Informant: Henry A. Mitchler
Address: 1214 Allison St. N.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 11, 1949 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Bladensburg, Md.

18. Funeral director: J. Fletcher Gray Sons Co.
Address: 300 - 4th St. N.E.

19. April 7 1949 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1949 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30 1945 to Present 1949 and that I last saw h alive on 27 Jan 1949

Immediate cause of death	carcinomatosis	DURATION
Due to	Carcinoma of the stomach	
Due to	151	
Other conditions	Hbt	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of the stomach Date of op. 11 Dec 1945

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Edward C. Wilson Jr MD M. D. or other

Address: 1801 - Eye St. N.W. Date signed: 7 April 49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Boyd notified I will approve.
L. C. A.

RECEIVED
APR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04009

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince George

City or town: Silver Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Silver Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 115-Cedar Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Charles Wade Pilkerton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Camille E.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 12, 1895

8. AGE: Years: 53 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: U.S. Naval Gun Factory

FATHER
12. Name: Charles P. Pilkerton
13. Birthplace: Maryland

MOTHER
14. Maiden name: Della Herbert
15. Birthplace: Maryland

16. Informant: Camille E. Pilkerton
Address: Silver Hill, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: April 21 1949 (month) (day) (year)

Cemetery or crematory: Arlington Natl.

Location: Arlington Va.

18. Funeral director: Arthur E. Simmons Jr

Address: 2007 Nichols Ave S.E.

19. April 18 1949 (Date rec'd by registrar) Howard I Beall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 18 1949 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1949, to — 19—

and that I last saw him alive on April 18 1949

Immediate cause of death: Coronary Thrombosis

Due to: —

420.1

Due to: —

94a

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: John P. D'Angelo M.D. M. D. or other

Address: 4223 Silver Hill Rd. Washington, D.C. Date signed: 4-18-49

VS A15 9-45-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1949
BUREAU V. S.

04010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blvd Hgts
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blvd Hgts
STREET ADDRESS (If rural, give location) 2706 - 49 Ave

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) RANKIN SR

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 21/91
9. AGE last birthday 58 yrs. If under 1 year: Months 2 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Painter & interior decorator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Uniontown, Penn
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clark S Rankin
14. MOTHER'S MAIDEN NAME Maggie B McClay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Ethel C Rankin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary hemorrhage	15 minutes
13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary tuberculosis, far advanced	7 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to April 18, 1949, that I last saw the deceased alive on April 16, 1949, and that death occurred at 6:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest E. Cornelsen MD
ADDRESS 4400 Bowen Rd. SE
DATE SIGNED April 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 4/20/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. Apr. 18. 1949
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR S. H. Chambers Co
ADDRESS 517-11 St SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04011

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hill's Landing Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) Benson (Last) Robinson
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Aug. 8, 1925	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edis Robinson
14. MOTHER'S MAIDEN NAME: Mary Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs Mary Ward Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple crushing injuries to the head and body	
	(c)	

812.5
170 e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
(CITY OR TOWN) Upper Marlboro (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 26 (Year) 1949 (Hour) 3 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell into the rear wheels of a moving trailer, while getting a ri

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James D. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 4/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 29, 1949	Mt. Carmel	Upper Marlboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 28-49	Edna F. Collins	Ritchie Bros.	Upper Marlboro, Md.

VS. A15A

RECEIVED
MAY 3 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04012

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH: COUNTY Pr. George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rivendale | LENGTH OF STAY (in this place) 24 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Mem. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 207 Hudson Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) August (Middle) — (Last) Rodemann
4. DATE OF DEATH: (Month) Apr. (Day) 6, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		July 1, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.		Germany	U.S.A.

13. FATHER'S NAME: Wilhelm Rodemann
14. MOTHER'S MAIDEN NAME: Johanna Haunsheld.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	517-05-3336A	Martha P. Rodemann - wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acidosis, Acute Inanition	24 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	Years
420.0 93d	(c) Generalized arteriosclerosis, Senility	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers, hips, Epilepsy — few weeks, 56 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 25, 1948, to April 6, 1949, that I last saw the deceased alive on April 6, 1949, and that death occurred at 11 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walter M. Mook M.D.	805 Carroll Ave. Takoma Park Md.	4/6/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 9, 1949	Cedar Hill	Pr. George Cy. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6, 1949	James Berry	W.W. Chambers Co.	Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Medical Examination
accepted and approved.
H. M. Mook M.D.

RECEIVED
APR 8 1949
BUREAU V. S

Evidence to change first name of deceased shown on:

FILM No. G 120 MAY 10 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04913

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville
LENGTH OF STAY (in this place): 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Experimental Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Long Island
STREET ADDRESS (If rural, give location): 133 - 33 Sanford Ave

3. NAME OF DECEASED (Type or Print): (First) Miss Patricia (Middle) Lorraine (Last) Sevy
4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 16, 1897
9. AGE last birthday: 52 yrs. If under 1 year: Months. 3 Days 8 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): Oak Hill, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Albert G. Sevy
14. MOTHER'S MAIDEN NAME: Mary I Riner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.: not known
17. INFORMANT: Brother Heber P. Sevy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxiation	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Paralysis intercostal muscles	3 wks.
	(c) Amyotrophic lateral sclerosis	1 yr.

356.1
82

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1948, to Apr. 24, 1949, that I last saw the deceased alive on Apr. 24, 1949, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elma B. Carr, M.D. ADDRESS: DATE SIGNED: 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE: 4/26/49
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor, Md.

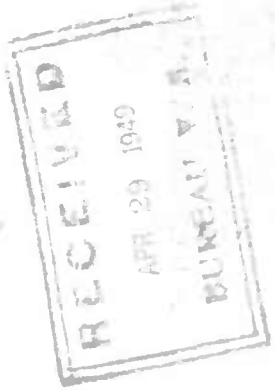
DATE REC'D BY LOCAL REG.: April 25 49
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: S. H. Hines Co.
ADDRESS: 2901-14 St. NW. D.C.

Medical Examiners:

Dr. Walter W. Boyd and

Dr. John T. Maloney

have been notified and permission given to sign this certificate on this date. Elma B Carr M.D. 4/25/49.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04014

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights
MARYLAND
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5306 Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights
STREET ADDRESS (If rural, give location) 5306 - Hamilton Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Stephen	Sneathern	Apr.	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W	Single	Feb. 2. 1944	5 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Los Angeles, California	U.S.A.

13. FATHER'S NAME Troy S. Sneathern

14. MOTHER'S MAIDEN NAME Mary Margaret Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Troy S. Sneathern - Father -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Compound fracture at base of skull	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

812.5
170.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Home	Rogers Heights, Pr. Georges,		Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Apr. 8, 1949 11.4 m.		Run over by ice cream truck.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11.20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Deputy Med. Examiner	Cheverly - Hyattsville Md	4-8-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transporting	4/10/49	Rose Hill Cemetery	Montebello, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/10/49	Amanda Downey	J. Gaither Sons	Hyattsville, Md.

RECEIVED
APR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04015

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural); MARYLAND; LENGTH OF STAY (in this place) 10 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural); STREET ADDRESS (If rural, give location) Avondale Country School

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Barratt	Smiley	June	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	married	Dec. 1, 1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Columbus, Ohio	USA

13. FATHER'S NAME: Amos Barratt

14. MOTHER'S MAIDEN NAME: Belinda Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs James B. Bentley daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	1 wk
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myelonephritis	1 yr
	(c) Generalized Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured pelvis, hip & wrist. 6 Mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	318 Montgomery	Laurel	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		Fell down stairs

22. I hereby certify that I attended the deceased from 12/22, 1936, to 6/10, 1949, that I last saw the deceased alive on 4/9, 1949, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John M. Ware MD	Laurel Md	4/11/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	April 12, 1949	Fort Lincoln Cemetery	District Line, Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr 11-49	M. Brashears	De Witt Donaldson, Laurel, Md.	

RECEIVED
APR 1? 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04016

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
LENGTH OF STAY (In this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4901 Avondale Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
STREET ADDRESS (If rural, give location) 4901 Avondale Road.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Feb. 2, 1889
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dist. of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Smith
14. MOTHER'S MAIDEN NAME: Alice Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 577-12-7505
17. INFORMANT: Alice Struttmatter - Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

420.1
B10a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Deputy Medical Examiner - Hyattsville, Md 4-28-49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
apr 28/49 Removal to Hanlon Funeral Home Washington D.C.

DATE REC'D BY LOCAL REG. 4/28/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS
F. Gasch's Sons Hyattsville, Md

VS. A15A

RECEIVED
MAY 2 1949
BUREAU V. S.

04017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland | LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4702 Lakeland Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
STREET ADDRESS (If rural, give location) 4702 Lakeland Road.

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) (Last) Smith

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1949

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Mar 24, 1949 | 9. AGE last birthday 1 mo yrs. | If under 1 year Months 1 Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington D C | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Garfield Smith | 14. MOTHER'S MAIDEN NAME Anna Bernice Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Ac. Capillary Bronchitis — 1 day

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.30 A m., from the causes and on the date stated above.

SIGNATURE John J Maloney, M.D. (Degree or title) Dep. Med. Examiner ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 4-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 4/25/49 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) (State) Bladensburg Md

DATE REC'D BY LOCAL REG. April 25 49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 120 MAY 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04019

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Adeline (Middle) Stevenson (Last)

4. DATE OF DEATH (Month) Apr. (Day) 23 (Year) 1949

5. SEX Fem. | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH June 1881 | 9. AGE last birthday 67 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Upper Marlboro | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Boyd | 14. MOTHER'S MAIDEN NAME Susie Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Clara J. Hunt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs.
	(c)	

450.0

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 2 yrs

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 1, 1949, to April 23, 1949, that I last saw the deceased alive on April 23, 1949, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

SIGNATURE James G. Sasscer (Degree or title) M.D. ADDRESS Upper Marlboro DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Apr. 27 1949 | NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | LOCATION (City, town, or county) Upper Marlboro (State) Md

DATE REC'D BY LOCAL REG. April 25 1949 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1949
BUREAU V. S.

mw

Evidence for change in age shown on:

FILM No. G 120 MAY 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04018

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Branch Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural give location) 4540 Eads St NE

3. NAME OF DECEASED (Type or Print) (First) Major (Middle) (Last) Stinnard

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 27, 1900
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Hauling
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Major Stinnard Sr
14. MOTHER'S MAIDEN NAME Adeline Fauntroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Elizabeth Stinnard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest and pelvis

170 C (c) Compound fracture left tibia and fibulae and femur. Multiple abrasions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Place of death
(CITY OR TOWN) Silver Hill (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 4 (Day) 21 (Year) 1949 (Hour) 3P
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Driver of truck in a collision

22. I hereby certify that ~~I attended the~~ deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE James F Boyd (Degree or title) Dept Med Ex ADDRESS Forestville Md DATE SIGNED 4-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 4/21/49
NAME OF CEMETERY OR CREMATORY Jarvis Funeral Home
LOCATION (City, town, or county) 1432 N. Washington St (State) NC

DATE REC'D BY LOCAL REG. April 21 1949
REGISTRAR'S SIGNATURE James Berry
24. FUNERAL DIRECTOR L. Tascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 23 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:
FILM No. G 12C MAY 2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04020

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Park	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Park. STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH		STRAHAN	4	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4/15/84	~~64~~ 65 yrs.	—	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Self	Gutenburg N.J.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Strahan	Margaret Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Mrs Mae Pasquay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis. Far advanced. Bilateral with Cavitation	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis gen. advanced.	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2-11-1949, to 4-21, 1949, that I last saw the deceased alive on 4-17, 1949, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Coleman MD		3801 Suitland Rd. S.E. (20) D.C.	4/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/23/49	Cedar Hill	Suitland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 22 49	Carrie F. Campbell.	W. W. Chambers & Son	517 11th St S E

VS. A15

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APR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04021

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Prince George

City or town: Muirkirk
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 Hrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince George

City or town: Muirkirk
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Muirkirk
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William Henry Taliver

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.): Feb. 28 - 1885 6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
64			hrs. min.

9. Birthplace: Muirkirk Prince George-Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: William H Taliver Sr.

13. Birthplace: Va.

MOTHER — 14. Maiden name: Matilda Williams

15. Birthplace: Md.

16. Informant: Laura M. Franklin

Address: Muirkirk - Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof: 4 - 6 - 49 (month) (day) (year)

Cemetery or crematory: Queens Chapel

Location: Prince George Co. Md.

18. Funeral director: Henry S. Washington & Son

Address: 467 4½ St. N.W. Wash. D.C.

19. April 4th 1949 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 3 19 49 at 1 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to Apr 3 19 49 and that I last saw him alive on Apr 3 19 49

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Arteriosclerosis	—
Due to: Chronic Alcoholism	10 yrs
Other conditions	

328.1
772 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J M Warren M.D.
M. D. or other

Address: Laurel Date signed: 4/6/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04022 Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 3 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 MORTON PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY DAUPHIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARRISBURG
STREET ADDRESS (If rural give location) 113 CUMBERLAND ST

3. NAME OF DECEASED (Type or Print) (First) IGNACE (Middle) VOGTEK (Last) TATALA
4. DATE OF DEATH (Month) APR (Day) 4 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH 4 APR 1884
9. AGE last birthday 65 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDITOR
10b. KIND OF BUSINESS OR INDUSTRY PUBLISHING
11. BIRTHPLACE (State or foreign country) CZEKOSLOVAKIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME IGNACE VOGTEK TATALA
14. MOTHER'S MAIDEN NAME Veronica Vaclivik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT IGNACE VOGTEK TATALA (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) cerebral thrombosis	48 hrs
Antecedent cause(s)	(b) cerebral thrombosis - left hemiplegia	17 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arterio sclerotic hypertensive cardio vascular disease	17 yrs

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Apr, 1949, to 4 Apr, 1949, that I last saw the deceased alive on 3 Apr, 1949, and that death occurred at 11 10 A.m., from the causes and on the date stated above.

SIGNATURE Thomas R. Wisbaufer (Degree or title) MD ADDRESS 322 Prince George St Laurel Md DATE SIGNED 4 Apr 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 7, 1949
NAME OF CEMETERY OR CREMATORY St Josephs Cemetery
LOCATION (City, town, or county) Hazleton, Pennsylvania (State)

DATE REC'D BY LOCAL REG. 4-4-49
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04023

CERTIFICATE OF DEATH

Reg. Dist. No. 243.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) — LENGTH OF STAY (in this place) 1 yr, 1mo, 17da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 1526- 15'th, N.W.

3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) J. D.	(Last) Tate	4. DATE OF DEATH	(Month) april (Day) 1 (Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Aug. 7, 1920	9. AGE last birthday 28 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Norfolk, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ethan Smith	14. MOTHER'S MAIDEN NAME Josie Carter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 15 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12, 1948, to 4/1, 1949, that I last saw the deceased alive on 4/1, 1949, and that death occurred at 5 50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finnecane	M.D.,	Glenn Dale Sanatorium, Maryland	4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) to Wash	DATE 4/2/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REG. 4/2/49	REGISTRAR'S SIGNATURE Rowland S. Philips	24. FUNERAL DIRECTOR Ambrose B. Boyd	ADDRESS 1238-20th NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04024

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 36 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Coolspring and Riggs Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): Coolspring and Riggs Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Washington (Last) Thomas

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: apr. 22, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Phillip Thomas

14. MOTHER'S MAIDEN NAME: Lavinia Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Melvina Lederer, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): John J. Mahoney M.D. ADDRESS: Deputy Medical Rxaminer Hyattsville, Md. DATE SIGNED: 4-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: May 2, 1949 NAME OF CEMETERY OR CREMATORY: Geo. Washington LOCATION (City, town, or county) (State): Hyattsville Md.

DATE REC'D BY LOCAL REG.: May 2 1949. REGISTRAR'S SIGNATURE: James Dewey

24. FUNERAL DIRECTOR: F. Gasche sons ADDRESS: Hyattsville Md.

RECEIVED
MAY 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04025

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 17 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital	STREET ADDRESS (If rural give location) 5815 Rittenhouse Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Edna	Georgia	Trent		April	22,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	July 17, 1910	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	Own Home	North Carolina	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Zeb Thomas Bennett	Millie Etta Laws

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	30 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
April 13 1949	Adenoma of Thyroid - Fibroid uterus	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 42, to Apr 22, 19 49, that I last saw the deceased alive on Apr 22, 19 49, and that death occurred at 9 45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Nalen MD		Riverdale Md	Apr 23, 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/49	Washington Natl.	Lanham, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 23 1949	James Berry	W W Chambers Co.	Riverdale, Md.

RECEIVED
APR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04026
Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7019 F Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Maryland
STREET ADDRESS (If rural, give location) 7019 F Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLSWORTH	EMORY	TURNER	April	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	Nov. 3, 1915	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Landscape Gardner	Self	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Turner	Abbie Sartane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	579-18-9536	Mr. Elmer W. Keeney - Uncle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s) 982
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 167
(b) Stab wound of the chest
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Homicide	Home	Seat Pleasant	P. G.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
4	3	49	2:15 P.M.		☐	Stab wound of chest

22. I hereby certify that ~~I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19.....,~~ and ~~that~~ death occurred at 3:39 A m., from the causes and on the date stated above.

SIGNATURE James I. Boyd M.D. (Degree or title) ADDRESS Forestville, Maryland DATE SIGNED 4-3-49

JAMES I. BOYD, M.D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 5, 1949	Geo. Wash. Mem. Park	Prince Geo. County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr. 4-1949	Carrie F. Campbell.	W.W. CHAMBERS CO. 5801 Cleveland Ave., RIVERDALE, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 7 1949
BUREAU T. S.

04027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Brentwood
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) (Last) WHITE
4. DATE OF DEATH (Month) April (Day) 7 (Year) 1949
5. SEX male
6. COLOR OR RACE col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH ABT. 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT mate Rof

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — 3 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Pulmonary T.B. — 5 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mal-nutrition

002
13b

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14 1949, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE W. S. Hudson (Degree or title) M.D. ADDRESS 509 R.I. ave. N.W. DATE SIGNED 4-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Apr 9. 1949
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Bladensburg Md (State)
DATE REC'D BY LOCAL REG. April 9, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1949
BUREAU V. S.

04028

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's County; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Beltsville Md.; STATE MARYLAND; LENGTH OF STAY (in this place) 10 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Beltsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE South Dakota; COUNTY 3105. 5th ave. N.E; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) B. (Last) WHITLEY

4. DATE OF DEATH: (Month) APRIL (Day) 24 (Year) 1949

5. SEX: FEMAL

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bindery

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Omaha Neb.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JAMES BRAZDA

14. MOTHER'S MAIDEN NAME: Marie Katherine Pecha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: FRANK. KANE friend.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

174 **Immediate cause** (a) Carcinoma of uterus with metastasis

48 h **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 Pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly Hyattsville, Md 4-24-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Apl. 27. 49

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 4-24-49

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 641. H. ST. N.E Wash. D.C.

J D Smith

RECEIVED
APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04029

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 315- F. St., S.W. √

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) (Last) WOOD

4. DATE OF DEATH: (Month) April (Day) 25th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Abt unknown 1909

9. AGE last birthday: 40 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Wrapper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Lancaster, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Wood

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 12 mos

002 12 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bacillis Mellilus — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED White at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1949, to 4/25, 1949, that I last saw the deceased alive on 4/25, 1949, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Duncan (Degree or title) M.D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 4/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE 4-30-49 NAME OF CEMETERY OR CREMATORY PAYNE'S CEMETERY LOCATION (City, town, or county) WASH. (State) D.C.

DATE REC'D BY LOCAL REG. 4/25/49 REGISTRAR'S SIGNATURE Rowland S. Phelps

24. FUNERAL DIRECTOR Barnes & Matthews ADDRESS 614-4th St. SW Wash. D.C.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.